

**State of Tennessee**  
**Department of Children's Services**  
7<sup>th</sup> Floor Cordell Hull Building  
436 6<sup>th</sup> Avenue North  
Nashville, TN 37243-1290  
1-800-600-4999 or 532-4999 in Nashville area

## Standard Claim Invoice Instructions

**Version 1 - Former Claim Form 11**    Now Standard Claim Invoice

**NOTE: You can have multiple children on each form but not multiple vendors.**

- Form must be typed.
- Vendor Name = the name of the of the person or business that will receive payment.
- Vendor Address = the address of the person or business that will receive payment.
- City = the name of the city where the person or business is located that will receive payment.
- State = the state where the person or business is located that will receive payment.
- Zip = the zip code where the person or business is located that will receive payment.
- Vendor Tax ID = The 12 digit tax ID which includes prefix & suffix. This tax ID must match the tax ID on STARS (State of Tennessee Accounting and Reporting System) for the address listed on the invoice. If you do not know your prefix and/or suffix, please call 1-800-600-4999 or 532-4999 in the Nashville area and leave a message with the operator and someone will call you back with the information.
- Provider Code = Must be the following two digit code. **HE = Health**
- Contract Number = Assigned by DCS and must match the contract number for the vendor requesting payment. There must be a contract number on all Invoices. Multiple contracts cannot be combined on an Invoice.
- Rate = the rate must match the rate on the contract for the dates being billed. There must be a rate amount on all invoices. If a contract has multiple rates, they must be billed on separate Invoices.
- Vendor Signature = an original signature is required from the vendor before any payment can be made.
- Print Name = the printed name of the person signing the vendor signature.
- Date Signed = the date in MM/DD/YYYY format, including slashes, that the vendor signature was obtained.
- Phone = the phone number including area code of the person signing the vendor signature.

- Service Provider = Leave Blank.
- Total Amount of All Pages = this amount must equal the total of all pages that make up this invoice. Generally this type of invoice will only be one page.
- Last Name = Child's last name for whom the goods and/or services were provided.
- First Name = Child's first name for whom the goods and/or services were provided.
- MI = Child's middle initial for whom the goods and/or services were provided.
- Child SSN = Child's social security number for whom the goods and/or services were provided. If you do not have a social security number for the child **LEAVE IT BLANK**
- Birth Date = Child's birth date for whom the goods and/o□ services were provided. This must be MM/DD/YYYY format including slashes.
- Sex = Child's sex code M or F (male or female) for whom the goods and/or services were provided.
- Proc Code = **121 (Health Chad)**
- Proc Code = **122 (Healthy Start/SSBG)**
- Allot Code = **20 non-custody children.**
- County Code = the two digit county code of the actual county where the goods were purchased or where the services were performed.

County Code Table

|               |              |               |               |                 |
|---------------|--------------|---------------|---------------|-----------------|
| 01 Anderson   | 21 Dekalb    | 41 Hickman    | 61 Meigs      | 81 Stewart      |
| 02 Bedford    | 22 Dickson   | 42 Houston    | 62 Monroe     | 82 Sullivan     |
| 03 Benton     | 23 Dyer      | 43 Humphreys  | 63 Montgomery | 83 Sumner       |
| 04 Bledsoe    | 24 Fayette   | 44 Jackson    | 64 Moore      | 84 Tipton       |
| 05 Blount     | 25 Fentress  | 45 Jefferson  | 65 Morgan     | 85 Troupdale    |
| 06 Bradley    | 26 Franklin  | 46 Johnson    | 66 Obion      | 86 Unicoi       |
| 07 Campbell   | 27 Gibson    | 47 Knox       | 67 Overton    | 87 Union        |
| 08 Cannon     | 28 Giles     | 48 Lake       | 68 Perry      | 88 Van Buren    |
| 09 Carroll    | 29 Grainger  | 49 Lauderdale | 69 Pickett    | 89 Warren       |
| 10 Carter     | 30 Greene    | 50 Lawrence   | 70 Polk       | 90 Washington   |
| 11 Cheatham   | 31 Grundy    | 51 Lewis      | 71 Putnam     | 91 Wayne        |
| 12 Chester    | 32 Hamblen   | 52 Lincoln    | 72 Rhea       | 92 Weakley      |
| 13 Claiborne  | 33 Hamilton  | 53 Loudon     | 73 Roane      | 93 White        |
| 14 Clay       | 34 Hancock   | 54 McMinn     | 74 Robertson  | 94 Williamson   |
| 15 Cocke      | 35 Hardeman  | 55 McNairy    | 75 Rutherford | 95 Wilson       |
| 16 Coffee     | 36 Hardin    | 56 Macon      | 76 Scott      | 99 Out of State |
| 17 Crockett   | 37 Hawkins   | 57 Madison    | 77 Sequatchie |                 |
| 18 Cumberland | 38 Haywood   | 58 Marion     | 78 Sevier     |                 |
| 19 Davidson   | 39 Henderson | 59 Marshall   | 79 Shelby     |                 |
| 20 Decatur    | 40 Henry     | 60 Maury      | 80 Smith      |                 |

**IF YOU ARE BILLING TWO LINES FOR THE SAME CHILD, SAME SERVICE RENDERED, SAME DATE OF SERVICE YOU MUST SEND BACKUP STATING WHY THE CHILD HAD TWO VISITS ON THE SAME DAY.**

- CFA Y/N = a collective fund account: (CFA) is an account that accumulates funds when a child in state custody receives SSI, SSA or some other benefit. **This box will Always be N for the HE provider code.**
- Vendor Invoice # = The Vendor's invoice number for goods and/or services purchased.

- Service Start Date = Date service started. This must be MM/DD/YYYY format including slashes (must be for the month that you are billing for.)
- Service End Date = Date service ended. This must be MM/DD/YYYY format including slashes. Note: Both the service start date and the service end date must be completed **(Must be for the month that you are billing for.)**
- Unit = For HE claims this unit will always be 1.
- Amount = The amount per visit.
- Page \_\_of\_\_ = the first blank equals the current page number and the second blank equals the total number of pages in the invoice. Example Page 1 of 1. **(Do not count documentation if any is attached)**
- Page Total = the page total must equal the sum of the amount column.
- DCS Case Manager = the signature of the approver authorizing this payment.
- Date = the date the approver authorizing this payment signed the invoice. Must be in MM/DD/YYYY format including slashes.
- Position # = the complete 18 digit position number or SS # of the approver authorizing this payment.
- Print Name = the printed name of the case manager authorizing this payment.
- Phone = the daytime phone number of the approver authorizing this payment.
- DCS Case Supervisor = the signature of the case supervisor authorizing this payment. **LEAVE BLANK AT THIS TIME.**
- Date = the date the case supervisor signed authorizing this payment. Must be in MM/DD/YYYY format including slashes. **LEAVE BLANK AT THIS TIME**
- Position # = the complete 18 digit position number of the case supervisor authorizing this payment. **LEAVE BLANK AT THIS TIME**
- Print Name = the printed name of the case supervisor authorizing this payment. **LEAVE BLANK AT THIS TIME**
- Phone = the daytime phone number of the case supervisor authorizing this payment. **LEAVE BLANK AT THIS TIME**
- DCS Case Signature = **LEAVE BLANK AT THIS TIME**
- Date = **LEAVE BLANK AT THIS TIME**
- Position # = **LEAVE BLANK AT THIS TIME**
- Print Name = **LEAVE BLANK AT THIS TIME**
- Phone = **LEAVE BLANK AT THIS TIME**
- Pre-Audit = the signature of the person performing the pre-audit.
- Date = the date the person performed the pre-audit. Must be in MM/DD/YYYY format including slashes.
- Position # = the complete 18 digit position number of the person performing the pre-audit.

- Print Name = the printed name of person performing the pre-audit.
- Phone = the daytime phone number of the person performing the pre-audit.